

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 4
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 12:39

Robert William Bishop
(Full Name)

202-225-0453
(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representatives

State: UT
District: 01

☐ Officer Or
Employee

Employing Office:

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.**

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---------------------|--|---|
| Trusts- | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

Name Robert William Bishop

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|------------------------------|------------------|----------|
| Utah State Retirement System | Educator Pension | \$29,251 |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Bishop

Page 3 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

| | | | | | |
|----|--|------------------------|-------------------------|-----------------|--|
| JT | America First CU Accounts Box 9199, Ogden, UT 84409 | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| JT | Inveso - AIM Investments Large Cap Growth Fund | \$1,001 - \$15,000 | DIVIDENDS/CAPITAL GAINS | \$201 - \$1,000 | |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop

Page 4 of 4

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure-- Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|--|------------|--|-------------------|----------------|---|-------------------------------------|
| Heritage Foundation | Jan. 14-15 | DC - Charlottesville - DC | Y | Y | N | 0 |
| US Assn of Former Members of Congress | May 13-14 | DC - St Louis - SLC | Y | Y | N | 0 |
| German Marshall Fund of the US | Jul. 16-18 | DC - Dayton - SLC | Y | Y | N | 0 |

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 8
For use by Members, officers, and employees

HAND DELIVERED

James David Matheson
(Full Name)

202-225-3011
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 PM 3:00

MC

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives

State: UT
District: 02

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | |
|--|--|
| <p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p> | <p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p> |
| <p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p> | <p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p> |
| <p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p> | <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p> |
| <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p> | <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p> |
| <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p> | <p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p> |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | |
|----------------------------|---|--|
| <p>Trusts--</p> | <p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p> | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p>Exemptions--</p> | <p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p> | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |

SCHEDULE I - EARNED INCOME

Name James David Matheson

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|--------------------|---------------|--------|
| University of Utah | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James David Matheson

Page 3 of 8

| BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and deposits totaling \$5,000 or less in a personal checking or | BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|--|---|---|--|---|
| Alpine Dynamic Dividend Fund | \$1,001 - \$15,000 | DIVIDENDS | \$1,001 - \$2,500 | P |
| Baron Partners Mutual Fund | \$1,001 - \$15,000 | None | NONE | |
| Coin Collection | \$1,001 - \$15,000 | None | NONE | |
| Equitable Variable Life Insurance Mutual Fund: AXA Moderate Allocation | \$15,001 - \$50,000 | DIVIDENDS | \$1,001 - \$2,500 | P |
| Equitable Variable Life Insurance Mutual Fund: AXA Moderate Plus Allocation | \$50,001 - \$100,000 | DIVIDENDS | \$1,001 - \$2,500 | P |
| Fidelity Asset Manager 50% | \$50,001 - \$100,000 | DIVIDENDS | \$1,001 - \$2,500 | P |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James David Matheson

Page 4 of 8

| | | | | | |
|--|--|----------------------|-------------------------|-------------------|----------|
| | Fidelity Balanced Fund | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | P |
| | Fidelity Cash Reserves | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| | Fidelity Export and Multinational Fund | \$50,001 - \$100,000 | DIVIDENDS | \$1 - \$200 | PS(part) |
| | Fidelity Freedom Fund 2035 | \$50,001 - \$100,000 | DIVIDENDS/CAPITAL GAINS | \$1,001 - \$2,500 | P |
| | Fidelity Low Priced Stock Fund | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | PS(part) |
| | Fidelity Small Cap Discovery Fund | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | P |
| | Fidelity Spartan US Equity Fund | \$50,001 - \$100,000 | DIVIDENDS | \$201 - \$1,000 | PS(part) |
| | Fidelity UNIQUE 2015 Portfolio | \$50,001 - \$100,000 | None | NONE | P |
| | Fidelity Value Discovery Fund | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | P |
| | Garmin Stock | \$1,001 - \$15,000 | None | NONE | |
| | Northeast Investors Trust | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | P |
| | Qualcomm Stock | \$50,001 - \$100,000 | DIVIDENDS | \$1,001 - \$2,500 | P |
| | TIAA CREF Lifecycle 2035 | \$50,001 - \$100,000 | None | NONE | PS(part) |
| | TIAA CREF Real Estate | \$15,001 - \$50,000 | None | NONE | P |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James David Matheson

Page 5 of 8

| | | | | | |
|--|-----------------------------------|---------------------|-----------|-----------------|---|
| | Vanguard Emerging Markets Index | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | P |
| | Vanguard Short Term Treasury Fund | \$1,001 - \$15,000 | None | NONE | P |
| | Vanguard Small Cap Stock Index | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | P |
| | Wasatch Micro Cap Fund | \$15,001 - \$50,000 | None | NONE | P |
| | Zions Bank Checking Account | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |

SCHEDULE IV - TRANSACTIONS

Name James David Matheson

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain in Excess of \$200? | Date | Amount of Transaction |
|------------------|---|------------------------|---|--|-----------------------|
| | Alpine Dynamic Dividend Fund | P | N/A | Various Dividend Reinvestments | \$1,001 - \$15,000 |
| | Equitable Variable Life Insurance Mutual Fund: AXA Moderate Allocation Fund | P | N/A | Various Dividend Reinvestments | \$1,001 - \$15,000 |
| | Equitable Variable Life Insurance Mutual Fund: AXA Moderate Plus Allocation Fund | P | N/A | Various Dividend Reinvestments | \$1,001 - \$15,000 |
| | Fidelity Asset Manager 50% | P | N/A | Semi-monthly purchases plus dividend reinvestment | \$1,001 - \$15,000 |
| | Fidelity Export and Multinational Fund | P | N/A | Semi-monthly purchases plus dividend reinvestment | \$1,001 - \$15,000 |
| | Fidelity Export and Multinational Fund | S(part) | No | 12-28-10 | \$1,001 - \$15,000 |
| | Fidelity Freedom Fund 2035 | P | N/A | Semi-monthly purchases plus dividend reinvestment | \$1,001 - \$15,000 |
| | Fidelity Low Priced Stock Fund | S(part) | No | 12-28-10 | \$1,001 - \$15,000 |

SCHEDULE IV - TRANSACTIONS

Name James David Matheson

Page 7 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain In Excess of \$200? | Date | Amount of Transaction |
|------------------|-----------------------------------|------------------------|---|--|-----------------------|
| | Fidelity Small Cap Discovery Fund | P | N/A | 12-28-10 | \$1,001 - \$15,000 |
| | Fidelity Spartan US Equity Fund | S(part) | No | 12-28-10 | \$1,001 - \$15,000 |
| | Fidelity Spartan US Equity Fund | P | N/A | Semi-monthly purchases plus dividend reinvestment | \$1,001 - \$15,000 |
| | Fidelity UNIQUE 2015 Portfolio | P | N/A | Various Purchases | \$1,001 - \$15,000 |
| | Fidelity Value Discovery Fund | P | N/A | Semi-monthly purchases plus dividend reinvestment | \$1,001 - \$15,000 |
| | Qualcomm Stock | P | N/A | Various Dividend Reinvestments | \$1,001 - \$15,000 |
| | TIAA CREF Lifecycle 2035 | S(part) | No | 12-28-10 | \$1,001 - \$15,000 |
| | TIAA CREF Lifecycle 2035 | P | N/A | Semi-monthly purchases | \$1,001 - \$15,000 |
| | TIAA CREF Real Estate | P | N/A | Semi-monthly purchases | \$1,001 - \$15,000 |
| | Vanguard Short Term Treasury Fund | P | N/A | 12-28-10 | \$1,001 - \$15,000 |

SCHEDULE IV - TRANSACTIONS

Name James David Matheson

Page 8 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain in Excess of \$200? | Date | Amount of Transaction |
|------------------|------------------------|------------------------|---|----------------------|-----------------------|
| | Wasatch Micro Cap Fund | P | N/A | Monthly purchases | \$1,001 - \$15,000 |

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 AM 10:09

JASON E. CHAFFETZ

801-404-1300

OFFICE OF CLERK
U.S. HOUSE OF REPRESENTATIVES

(Full Name)

(Daytime Telephone)

HAND DELIVERED

Filer Status

☒ Member of the U.S. House of Representatives
State: UT
District: 03

☐ Officer Or Employee
Employing Office: _____

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|--|--|
| <p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p> | <p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p> |
| <p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p> | <p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p> |
| <p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p> | <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p> |
| <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p> | <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p> |
| <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p> | <p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p> |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| |
|---|
| <p>Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JASON E. CHAFFETZ

Page 2 of 5

| BLOCK A | | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|--|--|---|---|--|---|
| Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | | Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| JT | IRA-Delta Petroleum Corporation | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| JT | IRA-Federated Equity FDS Capital Appreciation Fund CL A | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| JT | IRA-Wells Fargo Advantage FDS-Asset Allocation FDS Class B | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | |
| JT | IRA-Wells Fargo Bank Cash | \$1 - \$1,000 | INTEREST | \$1 - \$200 | |
| JT | Marriott Vacation Club | \$15,001 - \$50,000 | None | NONE | |
| JT | Personal Residence: 315 Westfield Circle, Alpine, UT | \$500,001 - \$1,000,000 | None | NONE | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JASON E. CHAFFETZ

Page 3 of 5

| | | | | | |
|-----|---|--------------------|-----------|-----------------|--|
| DC1 | The Investment Company of America-529A | \$1,001 - \$15,000 | DIVIDENDS | \$201 - \$1,000 | |
| DC2 | The Investment Company of America-529A | \$1,001 - \$15,000 | DIVIDENDS | \$201 - \$1,000 | |
| DC3 | The Investment Company of America-529A | \$1,001 - \$15,000 | DIVIDENDS | \$201 - \$1,000 | |
| JT | Utah State Retirement-Long Horizon Fund | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| JT | Wells Fargo Bank, Alpine, UT | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| DC1 | Zions Bank, Alpine, UT | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| DC2 | Zions Bank, Alpine, UT | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| DC3 | Zions Bank, Alpine, UT | \$1 - \$1,000 | INTEREST | \$1 - \$200 | |

SCHEDULE V - LIABILITIES

Name JASON E. CHAFFETZ

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|----------------------|-------------------------------|---|-----------------------|
| JT | PNC Bank, Dayton, OH | February 2009 | Mortgage on 315 Westfield Circle, Alpine, UT | \$250,001 - \$500,000 |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JASON E. CHAFFETZ

Page 5 of 5

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure-- Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|--|--|--|-------------------|----------------|---|-------------------------------------|
| Lexington Institute | November 11, 2010 to November 14, 2010 | Washington, DC/Salt Lake City, UT-Havana, Cuba- Washington, DC/Salt Lake City, UT | Y | Y | Y | None |
| American Israel Education Foundation | July 5, 2010 to July 12, 2010 | Salt Lake City, UT-Tel Aviv, Israel-Salt Lake City, UT | Y | Y | Y | None |
| The Aspen Institute Congressional Program | May 31, 2010 to June 6, 2010 | Salt Lake City, UT-Tunis, Tunisia-Salt Lake City, UT | Y | Y | Y | None |